

Form PTO-1595 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002)		RECORDATION FORM COVER SHEET PATENTS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office	
Tab settings <input type="button" value="=>"/>					
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies): Ervin Hamblad			2. Name and address of receiving party(ies) Name: <u>Alfa Laval AB</u> Internal Address: _____ _____ _____ Street Address: <u>Hans Stahles vag</u> _____ _____ City: <u>Tumba</u> State: <u>Sweden</u> Zip: <u>S-14780</u>		
Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____			Execution Date: _____		
4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: _____			B. Patent No.(s)		
A. Patent Application No.(s)			Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Richard R. Michaud</u> Internal Address: <u>McCormick, Paulding & Huber LLP</u> <u>CityPlace II, 18th Floor</u> _____ _____ Street Address: <u>185 Asylum Street</u> _____ _____ City: <u>Hartford</u> State: <u>CT</u> Zip: <u>06103-3402</u>			6. Total number of applications and patents involved: <u>1</u> 7. Total fee (37 CFR 3.41).....\$ <u>40.00</u> <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account		
8. Deposit account number: _____ _____ (Attach duplicate copy of this page if paying by deposit account)			13-0235		
DO NOT USE THIS SPACE					
9. Statement and signature. <i>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</i> Richard R. Michaud _____ Name of Person Signing _____ Signature _____ Date _____					
Total number of pages including cover sheet, attachments, and documents: <input type="text"/>					

Mail documents to be recorded with required cover sheet information to:

Commissioner of Patents & Trademarks, Box Assignments
Washington, D.C. 20231

The PTO did not receive the following
listed item(s) No 840